



Howard Gardner MI Charter School 2025-2026 Student Emergency Form

Fill out completely and **notify school immediately with any changes:**

Please Print: Full Legal Name

Last Name First Middle Birthdate F/M Grade

Home Address _____ Home Number _____

Parent/Guardian E-mail address: _____

IN CASE OF EMERGENCY it is vitally important for the safety and well-being of your child that we have the information requested on this card.

Check which parent should be called first: Mother Father Guardian

Student Lives With: Mother Father Guardian

Father/Step/Guardian Employer Work Phone Ext. Cell Phone

Mother/Step/Guardian Employer Work Phone Ext. Cell Phone

Child Care Provider Employer Work Phone Ext. Cell Phone

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED - PLEASE NOTIFY:

OTHER _____
Name Address Phone

OTHER _____
Name Address Phone

PHYSICIAN - Emergency Call Phone DENTIST - Emergency Call Phone

TO PROVIDE FOR YOUR CHILD'S SAFETY, WE NEED TO BE INFORMED REGARDING THE STUDENT'S CURRENT HEALTH ISSUES.

GENERAL HEALTH (Please check **all** that apply)

- Diabetes
- Head Injury
- Glasses/Contacts
- Other
- Food Allergy
EPI-Pen needed? _____
- Asthma
Inhaler needed? _____
- Hearing Difficulty
- Bee Sting Allergy
EPI-Pen needed? _____
- ADHD/ADD
- Heart Disease
- Other Allergies
- Seizures
- Surgeries/Accident

Please explain _____

Does student take regular medications at home? Yes No List _____

Required to take medication at school? Yes No

Medications at school require written authorization of the health care provider and the parent.

Please fill out forms and bring into the Medical office with correct medication on the first day of school.

Name of medication(s) _____

Physician's Name _____ Telephone _____ Fax _____

Does student have health insurance? Yes No Name of Insurance _____

Policy number: _____

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

EMERGENCY FACILITY REQUESTED _____

If unable to contact anyone, your child will be transported by ambulance to the hospital.

Is there a person who the child may **NOT** be released to, please indicate:

Name _____ Relationship _____

Order of Protection Exists? Yes No

Signature of Parent or Guardian _____ Date _____